



Title of Project: Empowering Daughters and Mothers through Social Media.

Principal Investigator: Donna Cill

Funding Source(s): Jewish Women’s Foundation of New Jersey

1. Purpose/Specific Aims

To identify critical communication patterns between mothers and daughters to prevent the prevalence of Youth Risk Behaviors among girl’s ages 12-18 years old.

1.1 Objectives

- Discover the critical communication patterns between mothers and daughters through verbal and non verbal communication.
- Discover what communication pattern is considered negative and what communication pattern is considered positive.
- Describe communication patterns that will assist mothers and daughters communicate effectively and assist in decreasing health risk behaviors.
- Describe communication patterns that will negatively impact mother and daughter communication and should be avoided during mother daughter communication.

1.2 Hypotheses

We hypothesize that certain critical communication patterns between mothers and daughters will promote sustained ongoing mother daughter communication and fewer health risk behaviors in daughters.

2. Background and Significance

Girls living in [REDACTED] and surrounding municipalities in [REDACTED], face a myriad of societal factors that impact their health and education; limiting their ability to be successful and contributing members of society. Among the societal factors include poverty, domestic violence and abuse, lack of education, gang violence, drug/alcohol abuse, lack of access to healthcare, HIV/AIDS, and unemployment.

One of the key ways to combat any of these societal factors is for a girl to have a positive relationship with at least one parent, and the parent of choice being the mother. Effective communication of a daughter with her mother decreases EVERY health risk behaviors in girls. Knowing the importance of the relationship between the mother and daughter we need to understand the best tools needed to foster

communication between a mother and her daughter. This study will work to explore what those tools are.

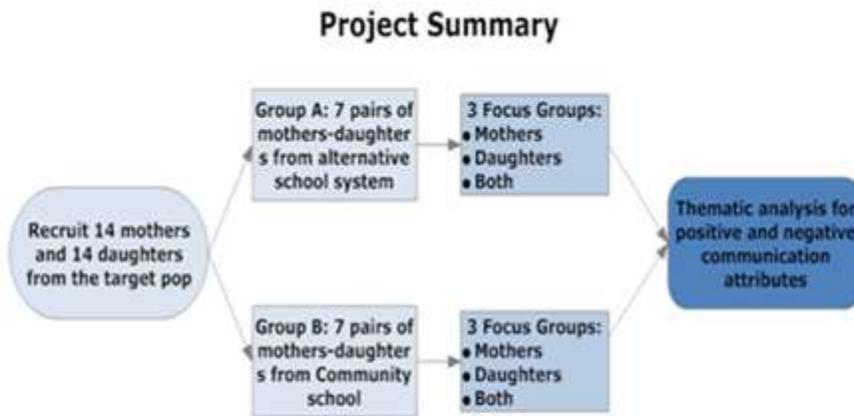
The data is rich with information documenting the critical importance of the “connectedness” of mothers with their daughters; specifically in regards to communication. Aronowitz & Morrison-Beedy 2004 , studied almost 500 adolescent girls and found that girls with greater feelings of connectedness to their mothers were more likely to have both an extended time perspective (feelings of hope and control of their future) and fewer risk behaviors. Riesch & et al 2010, noted that adolescents with less open communication, less satisfactory relationships and less closeness with their parents have been reported to navigate the transitions of adolescence using poorer coping skills and to have more academic difficulties.

They also noted that these teens are more prone to health risk behaviors. Finally, but not limited to, Akers & et al 2011 noted that since parental communication is associated with positive effects on adolescent sexual behavior, these interventions may represent a valuable tool for improving health risk behaviors (specifically sexual and reproductive health).

3. Research Design and Methods

This is a descriptive research design geared to inspect data between two groups. The goal is to recruit 28 participants (14 students and 14 mothers) for 2 groups; to participate in 6 focus groups.

- Group A: 7 pairs of mothers-daughters from [REDACTED]. The participants of this group will be selected from the group of students at the lowest academic quartile of the class/school.
 - Group B: 7 pairs of mothers-daughters from [REDACTED]. The participants of this group will be selected from the group of students at the highest academic quartile of the class/school.
1. Conduct focus groups for the groups
 - Group A: Focus group with the students only;
Focus group with the mothers only
Focus group with the mothers and daughters together
 - Group B: Focus group with the students only
Focus group with the mothers only
Focus group with the mothers and daughters together
 2. Transcribe data collected from the focus groups
 3. Conduct thematic analysis of the transcribed data to *identify and compare* evidence based themes of positive and negative attributes of communication from the focus groups.



Data Collection Strategy

Focus Groups will examine the daughters' perspective on communication: *SWOT analysis: Strengths, Weaknesses, Opportunities, Threats*. Specifically the focus group questions will aim to explore the participants' perspectives on:

- What are effective communication patterns used by mothers .
- Trigger words used by mothers that should be avoided.
- Effective Communication patterns used by daughters.
- Examine communication, academic achievement and health risk behaviors.

3.1. Duration of Study

The study will take place over a period of six to nine months. Approximately six to eight focus groups will take place. There will be 7 pairs of mothers and daughter groups divided into two groups. Each group will meet with the principle investigator and her team at least once a month for 3 months.

3.2 Study Sites

[REDACTED], storage files and aggregate data reveal for participants (described in 9.2)

[REDACTED] focus groups and recruitment will take place here.

A correlation between academic status and health risk behaviors has been identified by the Center for Disease Control. Students with low academic status typically are more prone to engaging in health risk behaviors, while students with high academic status are less likely to engage in health risk behaviors. Students who have a positive relationship with at least one parent typically do better in school and are less likely to engage in health risk behaviors. (CDC, 2009)

We require mothers and daughters that are proficient in English. This is a small pilot study; due to monetary constraints we are unable to provide an interpreter for translation. We are looking at future study projects to develop focus group for english as a second language.

4. Study Variables

4.1 Independent Variables or Interventions

All questionnaires and focus groups will be the same for each group participating in the study.

Describe any treatments or interventions to be compared for their effects on participants. Clearly differentiate interventions or procedures that are a part of standard of care from those that are experimental. In the case of chart reviews, indicate if you will be comparing specific treatments or other interventions performed in the past. All procedures and interventions must be consistent with sound research design and should not unnecessarily expose subjects to risks of harm.

4.1.1 Drug or Device Interventions

No drug or device interventions will be done.

4.2 Dependent Variables or Outcome Measures

A pre-screening questionnaire will be given to students interested in the study to assure inclusion criteria.

There will be an intake questionnaire that will be utilized to obtain baseline information on the mother daughter dyad. The intake questionnaire will be conducted over the phone or in person.

There will be three focus groups (per school) after the phone interview. Phone interview will be one with the daughters (separate), one with the mothers (separate) and one with both. A total of 6 focus group will occur and each of the three focus groups will have a

list of questions. The questions will be the same for each school, there will be 9 questionnaires in all.

Questionnaires are as followed:

1. Flyer with demographics
2. Pre-screening questionnaire
3. Phone intake questionnaire (one for the mother/ one for the daughter/ and both)
4. Focus group Questionnaire & Open Ended Questions (daughters –school one and school two)
5. Focus group Questionnaire & Open Ended Questions (mothers-school one and school two)
6. Focus group (daughter-mothers school one and school two)

6.3 Chart Review Selection

There will be no chart reviews in the study.

6.3.1 Electronic Medical Records

There will be no medical records in this study.

6.4 Risks of Harm

There is minimal risk in this study. Daughters and mothers are being asked a series of questions to provide data to assess critical communication patterns. Potentially during the study a daughter or mother may disclose a situation that evokes a negative experience or emotion.

The principle investigator is trained to neutralize the situation and will provide a list of resources if the situation warrants a referral.

6.5 Potential for Benefit

There are many benefits to this study; mothers and daughters will gain a higher consciousness of how they communicate and how they can communicate with their daughters/mothers more effectively.

5. Subject Recruitment and Enrollment Considerations

5.1 Subject Recruitment

The school will be asked to generate a list of names of students that qualify for the study due to their academic status, age and gender. Those students will be sent a flyer about the study and a pre-screening questionnaire to fill out if they and their mothers are interested.

When students return their flyers and questionnaires, they will receive a copy of the consent and assent form.

The PI will collect all flyers and questionnaires from the school and begin to contact the potential candidates.

The PI will contact the mother daughter dyads and inform them that they are selected. At that time I will answer all their questions and provide them with my contact information for any additional questions. I will review the consent and assent and arrange a time for pick up of forms.

After I received the forms I will arrange a time for a phone conference and provide the mother daughter dyad with the first date of the focus group session.

5.2 Consent Procedures

The interested mother daughter dyad will have a packet with the assent and consent form. The study will be explained to the potential subject by the Principal Investigator, the consent will be read, and their questions will be answered. If s/he wishes to enroll, the subject will sign the consent form. The PI obtaining consent will also sign and date the consent form, and a copy will be given to the subject.

5.3 Subject Costs and Compensation

Meeting and refreshments will be supplied at every focus group session. This is an added incentive for mothers and daughters to be compliant with attending all focus groups.

Refreshments in the form of sandwiches/pizza and juice will be served at each focus group. The cost will be between \$50-\$100 a session.

Gift cards will be provided to each mother and daughter who attends all sessions.

Each participant will receive a \$150 gift card total and refreshments at each focus group session.

The gift card distribution is as followed:

Participants will receive a \$50.00 gift card in the middle of the study.

Participants will receive a \$100.00 gift card at the end of the study.

In an effort to get mothers and daughters to attend all three sessions, (after work and after school; including a phone questionnaire. The goal is to reimburse them

for their time, gas and efforts by providing them with the equivalent reimbursement. We also need to have the same participants attend ALL sessions and providing half of the reimbursement mid- way and the remainder at the end will assist with participants attending all sessions.

6. Data Handling

All subjects will create or choose a “study name” (a pseudonym assigned to them for use in the study). This name will be as an identifier when speaking in the focus group. There will be roster in the PI’s office that will pair the subjects “study name” with their authentic name and demographics. All study records will be stored in the PI’s office in a locked drawer and a locked office.

Any flash drive, computer or records for this study will be password protected and stored in locked office and a locked suite. Documents will be held for 6 years and then destroyed.

7. Statistical Analysis

Data from focus groups will be transcribed and coded for common themes and analyzed for relevance.

8. Data and Safety Monitoring

This is a minimal risk study.

9. Reporting Results

9.1 Individual Results

n/a

9.2 Aggregate Results

Mother and Daughter Dyads will be invited to a session to review the results of the study and applaud their contribution to research. This session will be at Rutgers School of Nursing.

9.3 Professional Reporting

A symposium will be help to provide the scientific community about the results of the study. This symposium will be open to the public and will provide contact hours to the nursing community. I am the director of continuing education and can provide this service in-kind through the school of nursing.

A poster or paper presentation at a conference, potentially Adolescent Health or Public Health.

Present data in a peer reviewed journal for publication.

10. Bibliography

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